



80A Central Park Drive
Henderson 0610
Phone: 09 836 6913
Email: administration@jireh.school.nz

Application for Entry to Jireh School

SECTION A

Section A

Page 1 New Zealand **Permanent** Residents

Page 2 **All** applicants

Page 3 **All** applicants

Page 4 **All** applicants

Page 5 **All** applicants

Page 6 **All** applicants

Page 7 **All** applicants

Section B

All applicants **except** for siblings

Section C

Enrolment information for Jireh School

Section A completed	
Section B completed	
Confidential reference form forwarded to Pastor/Minister for completion	
A copy of the two latest school reports (for students who have attended a previous school) A pre-school report for New Entrants is desirable	
A copy of the student's NZ Birth Certificate, Passport or current Visa	
A small ID photo of student	
Applicants born 1995 or later must provide a copy of their Immunisation Certificate signed by their doctor	

Check list for completing your application

If applicable:

Non-NZ citizens who are Permanent Residents of NZ must provide a copy of their

Residency Visa and Residency Permit. OR

Overseas students must provide a copy of their passport and current **Student Visa**
(or visitor's permit if applicable).

Tick

☐☐

Please forward your completed application form to:

**Enrolment Officer
Jireh School
80A Central Park Drive
Henderson 0610
Auckland**

Application Form Section A

Student Details Year 1 - 6

Surname:	First names:
Date of birth:	Preferred name:
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Current Church attending:
Country of birth:	Language spoken at home:
Ethnic group:	Iwi Affiliation:
Present year level:	Proposed Year of Admission:
Present School/ Pre-School (please include type: e.g. Play group, Day Care, Kindergarten and number of hours attending each week):	
Prior to an interview do you as parent/guardian give Jireh School permission to contact the applicant's school for additional information? YES/NO (please circle answer)	
Permission is GIVEN/NOT GIVEN to publish our child's photo/name in Jireh School publications	
<input type="checkbox"/> Student is a New Zealand citizen (copy of birth certificate or New Zealand passport attached) <input type="checkbox"/> Student holds a New Zealand residency permit (copy from passport attached) <input type="checkbox"/> Student is a dependent of a person on an unexpired work permit and holds a student permit from NZ Immigration Service (copy of current work permit and student permit from passport attached)	

Student Medical Details

Medical History: (allergies/conditions/treatment)

Doctor's Name: _____ **Phone Number:** _____

Doctor's Surgery and Address: _____

Sight: _____

Hearing: _____

Special Learning Requirements

Parent / Guardian / Caregiver Details

Father / Stepfather / Caregiver Please circle one of the above	Mother / Stepmother / Caregiver Please circle one of the above
Surname:	Surname:
First Names:	First Names:
Title:	Title:
Home Address:	Home Address:
Suburb:	Suburb:
City:	City:
Country:	Country:
Phone Home:	Phone Home:
Phone Work:	Phone Work:
Mobile:	Mobile:
Fax:	Fax:
Email:	Email:
Church attending:	Church attending:
Occupation:	Occupation:
Business Name:	Business Name:
Business Address:	Business Address:

Custodial parent/s

Student lives with:

☐ Both parents
 ☐ Mother
 ☐ Father
 ☐ Other

Other (specify name & relationship):

If there are legal custodial arrangements please state what the arrangements are:

Are invoices to be sent to the home address? If not please specify.

Mailing Address (if different to home address):

If separate addresses, do you wish both caregivers to receive reports, notices, etc?

Yes

☐

No

☐

Sibling Details (if applicable)

Sibling(s) of the applicant who are past or present pupils of KingsWay or Jireh School:

Name:

Name:

Name:

Sibling(s) of the applicant who are currently on the waitlist or applying for admission to Jireh School and name of current school or pre-school that applicant attends:

Name:

Name:

Name:

Sibling(s) of the applicant who may be on the future waitlist of Jireh School:

Name:

Name:

Name:

Other Contact Details

Please list details of alternative caregivers and an emergency contact should parents be unable to be reached in an emergency.

Guardian/Caregiver

(for students not living with parents)

Emergency Contact

(other than parents)

Surname:	Surname:
First Names:	First Names:
Home Address:	Home Address:
Suburb:	Suburb:
City:	City:
Phone Home:	Phone Home:
Phone Work:	Phone Work:
Mobile:	Mobile:
Fax:	Fax:
Email:	Email:
Relationship to student:	Relationship to student:
Do you wish the guardian to receive copies of reports and newsletters: Yes/No (please circle one)	

Background Information

Personal

Student's Surname: _____ **First Names:** _____

(If your child is under 4 this page may be required to be re-submitted closer to interview date)

Other information, specify length of involvement in activities.

Hobbies and Leisure activities:

Cultural Interests: (Music, Drama etc)

Community Involvement: (Church, Boys'/Girls' Brigade, Scouts, Guides, Clubs)

Sports Background: (Indicate Teams, Representation, Achievements)

Summer

(use separate sheet if necessary)

Winter

Other Achievements: (Certificates, Awards etc)

School or Club Responsibilities: (Librarian, Monitor, Captain etc)

Parents' Statement

Why do you wish your child(ren) to attend Jireh School?

Parents of all applicants to complete:

[illegible]

Signed: Father/Caregiver _____ **Date:** _____

Signed: Mother/Caregiver _____ **Date:** _____